

Montana WIC Program
Notice of Certification Appointment



REASON FOR NOTICE: _____

An appointment for WIC certification has been scheduled for:

_____ on _____ at _____ AM/PM.
Name Date Time

_____ on _____ at _____ AM/PM.
Name Date Time

_____ on _____ at _____ AM/PM.
Name Date Time

Please bring all items checked to this appointment. This information is needed to qualify you and/or your family members for WIC benefits. If qualified, WIC benefits may be given at this appointment. If this appointment is not kept, the above participant(s) will be terminated from the WIC Program.

- ☐ 1. The participant(s) named above.
- ☐ 2. Proof of all current household income (one month pay stubs, closest to the appointment day)
or
Proof of current participation in TANF, Food Stamps or Medicaid
or
Other: _____
- ☐ 3. Proof of current residency (utility bill; rent receipt/agreement).
- ☐ 4. Proof of identification for the above named and for the parent/guardian.
- ☐ 5. Other requested information: _____

WIC looks forward to working with you and your family. Please call ahead if you are unable to come to your appointment.

For questions or information call: _____

Participant Signature

Date

WIC Staff Signature

Date

INSTRUCTIONS: Scan completed form into folder. Provide form to participant.